

City of Easthampton Police Department Internal Affairs Complaint Report

Complainant's Information:		
(last)	(first)	(mid)
Residence:		
Business:		
Telephone: Home ())
Officer(s) Complaint Against:		
(1) Officer Name	Rank	ID# Car#
(2) Officer Name	Rank	ID#Car#
(3) Officer Name	Rank_	ID# Car#
Date of Incident:	Time:Location:	
Name of Witness	Phon	e:
Name of Witness	Phon	e:
	DESCRIPTION OF INCIDENT	
Additional Pages May Be Attached		
I have read this complaint report, and I declare and affirm that the statements contained herein are true and accurate.		
Complainant's Signature	Parent if Minor	
Receiving Officer	Date	Time